

JC840 U.S. PTO
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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

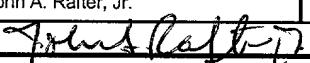
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	258/060
	First Named Inventor	Rando
	Original Patent Number	5,128,520
	Original Patent Issue Date (Month/Day/Year)	07/07/1992
	Express Mail Label No.	EL533101924US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (<i>amended, if appropriate</i>) 4. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>) 5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i> 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(PTO/SB/96)</i> Attorney		7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims See 37 CFR 1.173(c) 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input checked="" type="checkbox"/> Other: This reissue application is a continuation of reissue application 08/570,625 which in turn is a continuation of RE35,117 which is a reissue of original Patent 5,128,520; the original patent 5,128,520 has already been surrendered; A copy of the Terminal Disclaimer from the parent application is enclosed.

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label			or	<input type="checkbox"/> Correspondence address below 22249
(Insert Customer Number or attach bar code label here)				
Name	Lyon & Lyon LLP PATENT TRADEMARK OFFICE			
Address	633 West Fifth Street Suite 4700			
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NAME (Print/Type)	John A. Rafter, Jr.	Registration No. (Attorney/Agent)	31,653
Signature			Date
			12/20/2000

Burden Hour Statement This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
258/060JC840 U.S. PTO
12/20/00

Claims as Filed - Part 1				Small Entity				Other than a Small Entity	
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Rate	Fee		Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 29	**** 9	X\$ =		or	X\$18=	162	
(C) 7	Independent Claims (37 CFR 1.16(i))	(D) 14	* 7	X\$ =			X\$80=	569	
				Basic Fee (37 CFR 1.16(h))	\$		\$ 710		
				Total Filing Fee	\$	OR	\$ 1432		
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity	Other than a Small Entity			
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ =		or	X\$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ =			X\$ =	
Total Additional Fee					\$	OR	\$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1432.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

The PTO did not receive the following listed item(s) (Check one or more boxes)

December 20, 2000

Date

Signature of Applicant, Attorney or Agent of Record

John A. Rafter, Jr., Reg. No. 31,653

Typed or printed name